City of Rockville
Department of Community Planning and Development Services
Inspection Services Division
240-314-8240 / 240-314-8265 (Fax)



Applic	ation Date _	
occ		
SGN		

Sign Permit Application

Please print clearly or type all information. Incomplete applications will not be processed.

- 1. SUBMIT 3 DRAWINGS WITH THIS APPLICATION SHOWING HOW THE SIGN IS TO BE ERECTED & WHERE IT IS TO BE PLACED.
- 2. SIGN DRAWINGS MUST INCLUDE DIMENSIONS OF THE SIGN, LETTERING AND BACKGROUND COLORS.
- 3. THE APPLICANT SHALL FURNISH AS PART OF THE APPLICATION, THE CONSENT OF THE OWNER(S), OR THE OWNER'S AGENT, GRANTING PERMISSION FOR THE PLACEMENT OF THE SIGN.
- 4. A MINIMUM PERMIT FEE of \$85 PER APPLICATION IS REQUIRED AND IS NON-REFUNDABLE, IN THE EVENT THE PERMITS ARE NOT APPROVED AND NOT ISSUED.

ARE NOT APPROVED A	Street Address including zi	ng zip code			Suite			
PROPERTY								
ADDRESS	Business owner/mgr							
APPLICANT	Applicant					Phone		
INFORMATION	Address					Zip Code	2	
INSTALLER OF	Company Name			Phone				
SIGN	Address				Zip Code			
PROPERTY	Name				Phone			
OWNER	Address				Zip Code			
	Wording on Sign:							
	Location of Sign:							
	Sign is (circle one): Permanent or Tempo					orary		
	Type of sign (i.e. building, freestanding, leasing)							
SIGN	Style (channel letter, box sign)							
INFORMATION	Width		Height			Area of sig	gn	
		ft.			ft.		sq ft	
	Number of faces	Color						
	Material		Height above grade			Setback from property line (if freestanding)		
					ft.		ft.	
	Frontage of business			Is sign electric? (-	e 1.11	
		linaa	r foot	Yes	ſ	No	Existing	
		шеа	r feet				(box sign only)	

I hereby certify that this application for a sign permit is made on authority of the property owner and that I am authorized to make application and act on behalf of the property owner with respect to this sign.

Printed Name: Signature: